Issue	Classification

_	Application No.	Applicant(s)	
	10/680,121	LEE, IPSON	
	Examiner	Art Unit	
	Phyona KT Diph	2830	

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			ORIG	INAL		CROSS REFERENCE(S)										
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(Assistant Examiner) (Date)							huong Dir	/ L	Total Claims Allowed: 3							
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	هلا	gall	ristrum	ients Examiner)	(Date)	(Pr	imary Examiner	) (Da		3						

$  \boxtimes c$	Claims renumbered in the same order as presented by applicant							cant	☐ CPA		☐ T.D.			☐ R.1.47					
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	2			32			62			92			122			152			182
	3			33			63			93			123	;		153			183
	4			34			64			94			124	:		154			184
	5			35			65			95			125			155			185
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	28_			58			88			118			148			178			208
	29			59			89			119			149			179			209
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